



				F	or Year	
☐ New	☐ New ☐ Renewal			ND License Number (renewals only)		
Legal Name			FEIN			
DBA/Trade Name			Feder	al Basic Per	mit Number	
Physical Address		IC:		Ic.	Zip Code	
Filysical Address		City		State	Zip Code	
Mailing Address		City		State	Zip Code	
Telephone Number		Contact Persor	ı			
Address Changed From Previous Li	cense Application	Email				
Type of Business:	etorship [☐ Partnership	☐ Corporation			
Annual Fees: Initial Filers are el	igible for prorated	fees based on the foll	owing table:			
		April - June 30	July 1 - December	er 31	٦	
<u> </u>		\$150.00	\$100.00			
		\$750.00	\$500.00			
2. Does any alcoholic beverage man wholesale business? If yes, list be	nufacturer or alcoholi	c beverage retailer have	e any financial interest	in this		□N
3. Do you have a warehouse and of regarding this provision) which o locations below, including addre	contains a complete re	ecord of all your North	Dakota transactions?	If yes, list	t all	□N
		For Tax				

Use Only



Date

Individuals and Partnership: 4. If partnership, list all partners: **Corporations:** 9. Has your manager ever been convicted of a felony? If yes, list name and explain below Yes 11. Have any officers, directors, or stockholders ever been convicted of a felony? If yes, list name and explain below . . . \square Yes \square No **Agreement to Electronically File** The Tax Commissioner agrees to authorize the above named company to electronically file the tax reports and schedules as required under North Dakota Century Code chs. 5-01 and 5-03. The signature of the company affixed to this application shall be deemed to appear on such electronically filed reports and schedules, as if actually so appearing. All reports and schedules filed electronically pursuant to this agreement are deemed by the company to be truthful, accurate and complete statements made under penalty of perjury, and shall be in form compatible with the Tax Commissioner's equipment, software, and facilities. Any electronic filing not in conformity with the requirements specified herein shall be deemed a failure to file such reports and schedules and company shall be subject to all applicable penalties prescribed by law. I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief is complete, correct, and true. Name of Owner or Authorized Officer (print or type)

Title

Please send application and license fee to:

Office of State Tax Commissioner Alcohol Tax Section 600 E. Boulevard Ave. Dept. 127 Bismarck, ND 58505-0599

Signature of Owner or Authorized Officer

Phone: (701) 328-2702

22921 Rev. 4/07